CLAIMS

1. A method of treating musculoskeletal pain or restless leg syndrome comprising administering a therapeutic amount of a muscle relaxant condensation aerosol, having an MMAD less than 3 μm and less than 5% muscle relaxant degradation products, to a patient by inhalation, upon activation by the patient of the formation of, and delivery of, the condensation aerosol.

2. The method of claim 1, wherein said condensation aerosol is formed by

a. volatilizing a muscle relaxant under conditions effective to produce a heated vapor of the muscle relaxant; and

b. condensing the heated vapor of the muscle relaxant to form condensation aerosol particles.

3. The method according to claim 2, wherein said administration results in a peak plasma concentration of said muscle relaxant in less than 0.1 hours.

4. The method of claim 2, wherein the muscle relaxant is selected from the group consisting of quinine, chlorzoxazone, carisprodol or cyclobenzaprine.

5. The method according to claim 3, wherein the administered aerosol is formed at a rate greater than 0.5 mg/second.

6. The method according to claim 1, wherein at least 50% by weight of the condensation aerosol is amorphous in form.

7. The method according to claim 4, wherein said therapeutic amount of quinine condensation aerosol comprises between 50 mg and 500 mg of quinine delivered in a single inspiration.

8. The method according to claim 4, wherein said therapeutic amount of chlorzoxazone condensation aerosol comprises between 50 mg and 400 mg of chlorzoxazone delivered in a single inspiration.

9. The method according to claim 4, wherein said therapeutic amount of carisprodol condensation aerosol comprises between 70 mg and 500 mg of carisprodol delivered in a single inspiration.

10. The method according to claim 4, wherein said therapeutic amount of cyclobenzaprine condensation aerosol comprises between 2 mg and 25 mg of cyclobenzaprine delivered in a single inspiration.

11. A method of treating musculoskeletal pain or restless leg syndrome comprising administering a therapeutic amount of a quinine, chlorzoxazone, carisprodol or cyclobenzaprine condensation aerosol, having an MMAD less than 3 μm and less than 5% quinine, chlorzoxazone, carisprodol or cyclobenzaprine degradation products, to a patient by inhalation, upon activation by the patient of the formation of, and delivery of, the condensation aerosol.

12. The method of claim 11, wherein said condensation aerosol is formed by

a. volatilizing quinine, chlorzoxazone, carisprodol or cyclobenzaprine under conditions effective to produce a heated vapor of quinine, chlorzoxazone, carisprodol or cyclobenzaprine; and

b. condensing the heated vapor of quinine, chlorzoxazone, carisprodol or cyclobenzaprine to form condensation aerosol particles.

13. The method according to claim 11, wherein said administration results in a peak plasma concentration of quinine, chlorzoxazone, carisprodol or cyclobenzaprine in less than 0.1 hours.

14. The method according to claim 11, wherein at least 50% by weight of the condensation aerosol is amorphous in form.

15. A method of administering a muscle relaxant to a patient to achieve a peak plasma drug concentration rapidly, comprising administering to the patient by inhalation an aerosol of a muscle relaxant having less than 5% muscle relaxant degradation products and an MMAD less than 3 microns wherein the peak plasma concentration of the muscle relaxant is achieved in less than 0.1 hours.

16. A method of administering quinine, chlorzoxazone, carisprodol or cyclobenzaprine to a patient to achieve a peak plasma drug concentration rapidly, comprising administering to the patient by inhalation an aerosol of quinine, chlorzoxazone, carisprodol or cyclobenzaprine having less than 5% quinine, chlorzoxazone, carisprodol or cyclobenzaprine degradation products and an MMAD less than 3 microns wherein the peak plasma drug concentration of quinine, chlorzoxazone, carisprodol or cyclobenzaprine is achieved in less than 0.1 hours.

17. A kit for delivering a drug aerosol comprising:

a) a coating of a muscle relaxant composition and

b) a device for dispensing said coating as a condensation aerosol.

18. The kit of claim 17, wherein the muscle relaxant in the composition is selected from the group consisting quinine, chlorzoxazone, carisprodol or cyclobenzaprine.

19. The kit of claim 17, wherein the device for dispensing said coating of a muscle relaxant composition as an aerosol comprises

(a) a flow through enclosure,

(b) contained within the enclosure, a metal substrate with a foil-like surface and having a coating of an muscle relaxant composition formed on the substrate surface,

(c) a power source that can be activated to heat the substrate to a temperature effective to volatilize the muscle relaxant composition contained in said coating, and

(d) inlet and exit portals through which air can be drawn through said device by inhalation,

wherein heating the substrate by activation of the power source is effective to form a muscle relaxant vapor containing less than 5% muscle relaxant degradation products, and drawing air through said chamber is effective to condense the muscle relaxant to form aerosol particles wherein the aerosol has an MMAD of less than 3 microns.

20. The kit according to claim 19, wherein the heat for heating the substrate is generated by an exothermic chemical reaction.

21. The kit according to claim 20, wherein said exothermic chemical reaction is oxidation of combustible materials.

22. The kit according to claim 19, wherein the heat for heating the substrate is generated by passage of current through an electrical resistance element.

23. The kit according to Claim 19, wherein said substrate has a surface area dimensioned to accommodate a therapeutic dose of a muscle relaxant composition in said coating.

24. The kit according to claim 17, wherein a peak plasma concentration of muscle relaxant is obtained in less than 0.1 hours after delivery of the condensation aerosol to the pulmonary system.

25. The kit of claim 17, further including instructions for use.